



Fall 2021 Co-Ed Volleyball: Tues & Thurs Program



## All City Athletic Conference

*First Practice: Tuesday AUGUST 17, 2021, 3:30p-5:00p*

*\*Meet on the playground directly after school\**

**\*\*Guardian signature required\*\***

Please clearly CIRCLE Your School AND Grade.

Connolly 6<sup>th</sup> or 7/8<sup>th</sup>  
72515

FCP 6<sup>th</sup> or 7/8<sup>th</sup>  
72516

Gililand 6<sup>th</sup> or 7/8<sup>th</sup>  
72517

Laird 6<sup>th</sup> or 7<sup>th</sup>/ 8<sup>th</sup>  
72637

NO PHYSICALS REQUIRED BUT GOOD BEHAVIOR IS

Registration Starts: **July 25, 2021 ENDS: Aug. 19 - First Practice: Tues. Sept 17**

Meet coaches on your school's playground on **Tues. Sept. 17**, ready to play!

You must have this registration completely filled out.

**\*\*PLEASE FILL OUT ALL INFORMATION AND PRINT CLEARLY\*\***

STUDENT NAME: \_\_\_\_\_ Date of Birth \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ APT # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

\*EMAIL ADDRESS: \_\_\_\_\_

\*CELL/HOME PHONE NUMBER: \_\_\_\_\_

\*PARENT/GUARDIAN'S NAME: \_\_\_\_\_

\*\*\*Emergency Contact Name & NUMBER: \_\_\_\_\_

Relationship? \_\_\_\_\_ (i.e. grandparent, neighbor, guardian)

### Waiver of Liability

With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating. I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity. I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity.

I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will.

PARENT NAME PRINT: \_\_\_\_\_ Date: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**MORE INFORMATION ON BACK PAGE!**



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## Fall 2021 Co-Ed Volleyball



A partnership with Tempe Parks & Recreation & TD#3 School District

### IMPORTANT

All student athletes wanting to participate in the ACAC during the 2021-22 season are required to have both the guardian/parent **AND** the student athlete sign a code of conduct. Please read the following carefully and sign in the appropriate space below. All participants must follow coach's directions and all players are expected to come to practice and be active. Please bring a water bottle.

### PLAYER AND FAN GUIDELINES

- Let the coaches' coach, the players play, and the officials officiate.
- Please voice only positive comments for all players, coaches, and officials.
- City of Tempe recognizes that players, coaches, and officials can and will make mistakes.
- If you have concerns you must wait until after the game and contact the ACAC's League Coordinator, Bobbi Jones, by calling: (480) 350-5267 or emailing: [bobbi\\_jones@tempe.gov](mailto:bobbi_jones@tempe.gov)

**IF YOU VIOLATE ANY OF THE ABOVE GUIDELINES YOU WILL BE ASKED TO LEAVE THE FIELD AREA/GYM AND STUDENT ATHLETES WILL BE DISCIPLINED ACCORDING TO TEMPE ELEMENTARY SCHOOL RULES.**

### THANK YOU AND ENJOY THE GAME(S).

By signing, I acknowledge that I have read and agree to comply with the above statement about sportsmanship and behavior for the ACAC 2021-22 season.

X **Student Print Name:** \_\_\_\_\_

X **Student Signature:** \_\_\_\_\_ **date:** \_\_\_\_\_

X **Parent Print Name:** \_\_\_\_\_

X **Parent Signature:** \_\_\_\_\_ **date:** \_\_\_\_\_

### All City Athletic Conference Photographic Release

I, hereby, give my consent to the use of photographs, television or video pictures taken of my child at any TD#3 or City of Tempe Recreation ACAC events during 2018-2019, that will be used for advertising, marketing, and/or for the purpose of educating the public and staff.

Pictures taken as part of any All City Athletic Conference program may be used in connection with illustrative or written printed matter, story, brochure, news item, or web page. I waive the right to inspect and/or approve the finished product that may be used.

I do, hereby, release the City of Tempe Recreation Department and Tempe Elementary School District #3, and contracted photographer, from any claims whatsoever which may arise in said agreement.

**Parent's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_